



Please Note: This Registration Form is a legal document and replaces all previous Registration Forms.

Complete all sections and sign. Coverage may be suspended pending receipt of a properly completed Registration Form. This form must be returned within 31 days of your date of eligibility.

1. MEMBER INFORMATION

YOU AND YOUR DEPENDENTS MUST BE INSURED UNDER YOUR PROVINCIAL HEALTH PLAN IN ORDER TO PARTICIPATE IN THIS GROUP INSURANCE PLAN.

DO YOU HAVE PROVINCIAL HEALTH COVERAGE? YES NO DO YOUR DEPENDENTS HAVE PROVINCIAL HEALTH COVERAGE YES NO

GROUP NUMBER		LOCAL UNION NUMBER	CERTIFICATE/SOCIAL INSURANCE NUMBER (SIN)	
LAST NAME		FIRST NAME		
GENDER Male Female	LANGUAGE English French	MARITAL STATUS Single Divorced Married Widow Common-law Separated		DATE OF BIRTH (MM/DD/YY)
ADDRESS				PHONE NUMBER
CITY		PROVINCE	POSTAL CODE	EMAIL ADDRESS

2. SPOUSE'S INFORMATION

spouse or

REQUIRED - Date of Marriage:

Indicate if:

common-law spouse

If common-law, you must complete the Declaration below.

LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YY)	
ADDRESS			GENDER Male Female
CITY	PROVINCE	POSTAL CODE	PHONE

DECLARATION OF COMMON-LAW SPOUSE

This form must be sworn by a Commissioner for Oaths

Complete if your common-law spouse has not been registered with the fund office for more than one year.

I _____, do solemnly declare that I consider _____ to be my common-law spouse and our relationship as such commenced on the _____ day of _____, 20____, and has continued to the present time. I make this declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Member's Signature _____

Declared before me at _____ in the Province of _____ this ____ day of _____, 20____.

Name (Please Print) _____

My Appointment expires on: _____

Commissioner of Oaths for the Province of: _____

3. COORDINATION OF BENEFITS

Is your spouse covered under any other health and/or dental plan? YES NO
If yes, name of other Insurer _____

Canadian Life and Health Insurance Association (CLHIA) regulations state: A spouse first claims from their own employer's plan. Children first claim under the parent with the earlier birthday. If parents are separated/divorced, children claim first under the parent with sole custody.

Benefit	Single	Family	None	Effective Date (Month/Day/Year)
Extended Health				
Vision				
Drug				
Dental				

